

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>891794893</b>	FILING DATE
APPLICANT(S)							
<b>CLAIMS</b>							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	51	51
2	1	1	1	1	1	52	52
3	1	1	1	1	1	53	53
4	1	1	1	1	1	54	54
5	1	1	1	1	1	55	55
6	1	1	1	1	1	56	56
7	1	1	1	1	1	57	57
8	1	1	1	1	1	58	58
9	1	1	1	1	1	59	59
10	1	1	1	1	1	60	60
11	1	1	1	1	1	61	61
12	1	1	1	1	1	62	62
13	1	1	1	1	1	63	63
14	1	1	1	1	1	64	64
15	1	1	1	1	1	65	65
16	1	1	1	1	1	66	66
17	1	1	1	1	1	67	67
18	1	1	1	1	1	68	68
19	1	1	1	1	1	69	69
20	1	1	1	1	1	70	70
21	1	1	1	1	1	71	71
22	1	1	1	1	1	72	72
23	1	1	1	1	1	73	73
24	1	1	1	1	1	74	74
25	1	1	1	1	1	75	75
26	1	1	1	1	1	76	76
27	1	1	1	1	1	77	77
28	1	1	1	1	1	78	78
29	1	1	1	1	1	79	79
30	1	1	1	1	1	80	80
31	1	1	1	1	1	81	81
32	1	1	1	1	1	82	82
33	1	1	1	1	1	83	83
34	1	1	1	1	1	84	84
35	1	1	1	1	1	85	85
36	1	1	1	1	1	86	86
37	1	1	1	1	1	87	87
38	1	1	1	1	1	88	88
39	1	1	1	1	1	89	89
40	1	1	1	1	1	90	90
41	1	1	1	1	1	91	91
42	1	1	1	1	1	92	92
43	1	1	1	1	1	93	93
44	1	1	1	1	1	94	94
45	1	1	1	1	1	95	95
46	1	1	1	1	1	96	96
47	1	1	1	1	1	97	97
48	1	1	1	1	1	98	98
49	1	1	1	1	1	99	99
50	1	1	1	1	1	100	100
TOTAL IND.	1	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1	1